## State Health Planning and Development Agency

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Honolulu, Hawaii 96813

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## Equipment/Procedures Utilization Report For January 1 to December 31, 2001

Facility:	Phone:	
Completed by: (signature)	FAX:	
(print/type name)	Email:	
(title)		

	Account for all equipment/procedures in your facility.					
Equipment Currently			Cost of	Total	Average	Average
Available		Years of	Purchase	Number of	Professional	Technical
By Make/Model	Year	Useful Life	or	Procedures	Charge Per	Charge Per
(including upgrades)	Acquired	Remaining	Upgrade	Completed	Procedure	Procedure
Computed Tomography (CT)	noquireu	Remaining	Opgrade	Completed	1100004	rroccaare
computed romography (C1)						
General Radiology						
Ultrasound Equipment						
Ottrasound Equipment						
Nuclear Medicine Equipment						
Angiography						
Mammography						
Positron Emission Tomography (DET)						
Positron Emission Tomography (PET)						
Lithotripsy Unit						
Gamma Knife						